

U. S. Application No. 10/511792 Charitta Burt, Paralegal

Publication Date 10.2.03

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Copy of ISR EP, Copy of IPER EP

Assignee information: \_\_\_\_\_

Priority Info: Country FR No. 0204899 date 4.18.02 MORE (turn over)

Correspondence checked: 29683

Inventor Name checked: F \_\_\_\_\_ L \_\_\_\_\_

Inventor Residence city: \_\_\_\_\_, state and/or country \_\_\_\_\_ citizenship: \_\_\_\_\_

International Application No. PCT EP2003/050109 Language FR

Copy of ISR: ✓

Copy in International Application: ✓; Translation: yes ✓ no \_\_\_\_\_ spec. page no. \_\_\_\_\_

371 Filing Fees: 950; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 13 Chargeable 13 Independent 2 multiple No

Number of drawing Sheets: 1 Foreign language: \_\_\_\_\_

Oath/Declaration: \_\_\_\_\_; signed \_\_\_\_\_ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed \_\_\_\_\_

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: ✓; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_

Preliminary Amendment(s): ✓ date 10.14.04; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: ✓ DATE: 10.14.02 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_

Request for Immediate Examination: \_\_\_\_\_

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ✓ date 10.14.04; Number of copies included 1

Power of Attorney: \_\_\_\_\_

Abstract: ✓, Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 10.14.04 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: \_\_\_\_\_

Notice of Missing Requirements: 04-26-05

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: \_\_\_\_\_

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: \_\_\_\_\_ Extension of time: Number of months \_\_\_\_\_

